STATEMENT OF KIMO S. HOLLINGSWORTH
NATIONAL LEGISLATIVE DIRECTOR
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES
ON
PENDING VA HEALTH CARE LEGISLATION

THURSDAY, APRIL 26, 2007
334 CANNON HOUSE OFFICE BUILDING
10:00 AM

Mr. Chairman and Members of the Subcommittee:

I am pleased to appear today to offer testimony on behalf of American Veterans (AMVETS) related to pending Department of Veterans Affairs (VA) health care bills before this Subcommittee.

The VA health care system has evolved into one of the best health care systems in the nation. The Veterans Health Administration (VHA) is uniquely qualified to care for veterans' needs because of its highly specialized experience in treating service-connected injuries. The VHA provides a wide array of specialized services to veterans and this type of care is extremely expensive. It is absolutely critical that the VA healthcare system be fully funded.

The central problem for veterans with regards to the VA health care system is how to access the system in a timely fashion. Over the years VA has become increasingly efficient in providing timely care, though problems still remain.

As this Committee is aware, AMVETS hosted the "National Symposium for the Needs of Young Veterans" in Chicago, Illinois last year. More than 500 veterans, active duty and National Guard and reserve personnel, family members, and others who care for veterans examined the growing needs of our returning veterans. Some of the issues relevant to today's hearing identified at the Symposium include timely access to VA health care and funding for the department. AMVETS believes these issues are inextricably linked.

Regarding the twelve bills that this hearing is supposed to cover, AMVETS will discuss the nature of the overriding issue(s) of these proposals and some of our recommended solutions. Overall, AMVETS is concerned about the "wave" of legislative proposals to mandate the Secretary of the VA to contract out medical and other services. AMVETS recognizes that many of these bills are well intentioned and our organization supports veterans being able to access the benefits and health care they are legally authorized to receive.

Mr. Chairman, veterans enrolled in the VA are already allowed to elect coverage in a non-VA facility. Veterans are free to choose when and where they receive medical care. One of the

common themes for all of these proposals is allowing veterans to receive care at non-VA facilities and providers and having the Secretary of Veterans Affairs be responsible for the cost of coverage.

AMVETS reaffirms its commitment that service-disabled veterans should have the highest priority access to VA health care services and these services should be of the highest quality. AMVETS believes that service-connected veterans currently have that level of access and quality in VA today. VA's current policy statement on this issue clearly affirms this priority, as follows:

> *"VA is committed to providing priority care for non-emergent outpatient medical services and inpatient hospital care for any veteran seeking treatment of his or her service connected disability. It is VA's policy to provide priority access to outpatient medical care and elective inpatient hospital care for any veteran who requires non-emergent care for a service connected disability. ... For veterans who are 50 percent service connected or higher, VA's policy is to provide priority access to medical services and inpatient care, regardless if treatment is needed for their service connected disability."*

Many of today's proposals risk some potential unintended consequences to include quality control and safety, and potential adverse impact on the statutory requirement by VA to maintain the capacity of specialized medical programs in Public Law 104-262. Overall, these proposals would seem to move VA toward higher costs. The escalating costs of health care in the private sector are well documented and VA has done an excellent job of holding down costs compared to the private health care industry.

AMVETS believes the central question to all of these "contract" proposals is whether or not Members of Congress believe the VA health care system is a national asset worth preserving or a system that should be abandoned. AMVETS believes the problem with VA continues to be access to the system. This in turn is reliant on appropriate levels of funding to hire staff, operate facilities and clinics and provide unique and specialized services. Appropriate levels of funding would also allow VA to open outpatient clinics and provide other contractual arrangements to provide VA sanctioned health care.

As we are all well aware, the Secretary of VA already has the authority enter into contracts for medical services. Many of these proposals have some "triggering" mechanism that would mandate the Secretary to contract care. These "triggering" mechanisms appear to be a "one-time" event that authorizes veterans to "opt out of the system" and have VA pick up the costs. For lack of a better word, these bills appear to authorize a "vouchering system."

Sections 212 and 213 of Public Law 109-461 are specifically targeted at advancing the health care needs of veterans living in rural areas. VA is mandated to establish an Office of Rural Health within the Veterans Health Administration (VHA). The office is charged with improving VA health care for veterans living in rural and remote areas. Among other provisions, the law requires an extensive assessment of the existing VA fee-basis system of private health care, and

eventual development of a VA plan to improve access and quality of care for enrolled veterans who live in rural areas. AMVETS would encourage Congress to fully fund the Office of Rural Health and allow VA to conduct the mandated assessment.

Regarding the overall issue of VA providing timely access to care, the Government Performance and Results Act, Public Law 103-62, requires that agencies develop measurable performance goals and report results against these goals. In the President's Fiscal Year 2008 budget request, VA focuses on the Secretary of Veterans Affairs priority of providing timely and accessible health care that sets a national standard of excellence for the health care industry. VA generally tracks the timeliness of care in two broad areas – primary and specialty clinic appointments. Over the next year, the percent of appointments scheduled within 30 days of the desired date is expected to reach 96 percent for primary care appointments and 95 percent for specialty care appointments.

In July 2005, the VA Office of Inspector General reported that VHA's scheduling procedures needed to be improved and issued eight recommendations. As of September 2006, five of the eight recommendations for improvement remained open and AMVETS would encourage the department to implement the remaining recommendations.

The issue of non-service connected veterans accessing VA health care is not new. Since colonial times, this country has pledged its continued support for medical care and other benefits for those who served in the military. During the 1920s, three federal agencies—the Veterans Bureau, the Bureau of Pensions in the Interior Department, and the National Home for Disabled Volunteer Soldiers—administered various benefits for the nation's veterans. The Congress, in 1924, gave wartime veterans with nonservice-connected conditions access to Veterans' Bureau hospitals. With the establishment of the Veterans Administration (VA) in 1930, previously fragmented care for veterans was consolidated under one agency. Over the years, Congress expanded eligibility for hospital care and it was gradually extended to wartime veterans with low incomes; then, in 1973, to peacetime veterans with low incomes; and finally, in 1986, to higher-income veterans.

In 1996, Congress passed and the President signed H.R. 3118, the Veterans' Health Care Eligibility Reform Act. This veterans' health care bill updated and simplified many of the outdated and existing eligibility rules in effect at that time. Most importantly, the bill established a "medical need" as the sole test for veterans who enroll for care with VA. In short, veterans have generally always had access to the VA health care system and they should not now be denied access because of a lack of funding; especially if they are willing to pay for these health care services.

The Capital Asset Realignment for Enhanced Services (CARES) was supposed to be a system-wide process to prepare the VA for meeting the current and future health care needs of veterans. CARES addressed the appropriate clinical role of small facilities, vacant space, the potential for enhanced use leases and the consolidation of services and campuses. To date, it is the most comprehensive analysis of VA's health care infrastructure conducted.

In May 2004, the VA issued a Decision Document that was supposed to serve as VA's guide for capital planning decisions. Annual updates with new forecasts of future demand were supposed to be incorporated in VA's strategic planning process. The May 2004 Decision Document identified 18 sites for additional analysis and studies. Overall AMVETS supported the CARES Commission process.

As a veteran and patriotic organization, AMVETS also associates itself for the purpose "to help unify divergent groups in the overall interest of American democracy." Veterans earn benefits and services, and are granted access to the system by virtue of their qualifying military service. This should continue to be the overriding principle when discussing veterans' issues. Mandating the Secretary to provide services in other than the English language only serves to create division and separation among veterans that took an oath to uphold and defend the Constitution of the United States in English.

Mr. Chairman, Public Law 107-135 mandated the VA to require implementation of a nation-wide chiropractic care program. VA was less than enthusiastic about this endeavor and it took the department until June 2004 to actually make these services available. Overall, chiropractic care is a complementary and alternative health care profession with the purpose of diagnosing and treating mechanical disorders of the spine and musculoskeletal system with the intention of affecting the nervous system and improving health. A similar program was mandated on the Department of Defense (DOD) around the same timeframe and DOD. It is AMVETS understanding that the DOD program has been highly successful and we would like to see similar results at the VA.

VA's approach to Post Traumatic Stress Disorder (PTSD) is to promote early recognition of this condition for those who meet formal criteria for diagnosis and those with partial symptoms. The goal is to make evidence-based treatments available early to prevent chronicity and lasting impairment. The same must be done for Traumatic Brain Injury (TBI). However, there is no medical diagnostic code specific to TBI - a patient may carry more than one diagnostic code (fracture of facial bones, concussions, and/or brain injury of an unspecified nature, etc.). AMVETS is asking Congress to increase funding for PTSD and TBI, with an emphasis on developing improved screening techniques and assigning a new medical code specifically for TBI.

Mr. Chairman, this concludes my testimony.

Kimo S. Hollingsworth
AMVETS National Legislative Director

Kimo Hollingsworth joined AMVETS (American Veterans) on March 1, 2007. As the National Legislative Director he is the primary individual responsible for promoting AMVETS legislative, national security, and foreign affairs goals before the administration and the Congress of the United States.

Prior to assuming his current position, Kimo worked for seven years on Capitol Hill as a Military Legislative Assistant for Senator Kay Bailey Hutchison and Congressman Steve Buyer. He was a key policy advisor for a wide range of issues, including veterans' affairs, and helped manage federal appropriations efforts in both congressional offices. He also worked as professional staff for the House Committee on Veterans' Affairs.

Kimo is a veteran of the United States Marine Corps and still serves as a reservist with over 24 years of enlisted and commissioned service. He currently holds the rank of Lieutenant Colonel.

Kimo completed undergraduate work at the Pennsylvania State University and graduate work at Salve Regina University. He is also a graduate of the Naval War College.

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SERVING WITH PRIDE

April 26, 2007

The Honorable Michael Michaud, Chairman
House Veterans' Affairs Committee
Subcommittee on Health
Cannon House Office Building
Washington, D.C. 20515

Dear Chairman Michaud:

Neither AMVETS nor I have received any federal grants or contracts, during this year or in the last two years, from any agency or program relevant to the April 26, 2007, House Veterans' Affairs Subcommittee hearing pending legislation.

Sincerely,

Kimo S. Hollingsworth
National Legislative Director

AMVETS

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